

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403 Report Period Beginning: 01/01/00 Ending: 12/31/00

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	244	Skilled (SNF)	244	89,304	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	244	TOTALS	244	89,304	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 Patient Days by Level of Care and Primary Source of Payment			5 Total	
		Public Aid Recipient	Private Pay	Other		
8	SNF	48,701	6,921	2,824	58,446	8
9	SNF/PED					9
10	ICF	19,462	558		20,020	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	68,163	7,479	2,824	78,466	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.86%

D. How many bed-hold days during this year were paid by Public Aid? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
N/A

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 08/01/80

J. Was the facility purchased or leased after January 1, 1978?
YES Date 08/01/80 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 24 and days of care provided 2,824

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/00 Fiscal Year: 12/31/00

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number THE CARLTON AT THE LAKE, INC. # 0025403 Report Period Beginning: 01/01/00 Ending: 12/31/00

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
A. General Services											
1	Dietary	269,841	139,799	11,963	421,603		421,603	3,692	425,295		1
2	Food Purchase		363,601		363,601	(56,657)	306,944	(342)	306,602		2
3	Housekeeping		69,991	254,916	324,907		324,907	12,072	336,979		3
4	Laundry		51,591	109,250	160,841		160,841		160,841		4
5	Heat and Other Utilities			162,401	162,401		162,401	3,865	166,266		5
6	Maintenance	72,904	40,650	115,347	228,901		228,901	(2,739)	226,162		6
7	Other (specify):*										7
8	TOTAL General Services	342,745	665,632	653,877	1,662,254	(56,657)	1,605,597	16,548	1,622,145		8
	B. Health Care and Programs										
9	Medical Director			8,300	8,300		8,300		8,300		9
10	Nursing and Medical Records	2,158,033	176,158	14,675	2,348,866		2,348,866	(106)	2,348,760		10
10a	Therapy	162,971		32,708	195,679		195,679		195,679		10a
11	Activities	73,875	37,037	11,957	122,869		122,869		122,869		11
12	Social Services			8,426	8,426		8,426		8,426		12
13	Nurse Aide Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,394,879	213,195	76,066	2,684,140		2,684,140	(106)	2,684,034		16
	C. General Administration										
17	Administrative	413,239		587,454	1,000,693		1,000,693	(460,315)	540,378		17
18	Directors Fees										18
19	Professional Services			474,845	474,845		474,845	(332,409)	142,436		19
20	Dues, Fees, Subscriptions & Promotions			110,457	110,457		110,457	(42,403)	68,054		20
21	Clerical & General Office Expenses	360,748	1,481	131,275	493,504		493,504	93,473	586,977		21
22	Employee Benefits & Payroll Taxes			433,757	433,757	56,657	490,414		490,414		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,756	3,756		3,756	1,246	5,002		24
25	Other Admin. Staff Transportation			1,877	1,877		1,877		1,877		25
26	Insurance-Prop.Liab.Malpractice			120,626	120,626		120,626	727	121,353		26
27	Other (specify):*							34,059	34,059		27
28	TOTAL General Administration	773,987	1,481	1,864,047	2,639,515	56,657	2,696,172	(705,622)	1,990,550		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,511,611	880,308	2,593,990	6,985,909		6,985,909	(689,180)	6,296,729		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

THE CARLTON AT THE LAKE, INC.
0025403
COST REPORT RECLASSIFICATIONS
01/01/00
12/31/00

SCHEDULE V
LINE #

22	EMPLOYEE BENEFITS	<u>56,657</u>	
2	FOOD		<u>56,657</u>

To reclass cost of employee meals from raw food to employee benefits

33	REAL ESTATE TAX	<u> </u>	
19	PROFESSIONAL FEES		<u> </u>

To reclass cost of appealing real estate taxes

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
30	D. Ownership											
	Depreciation			150,758	150,758		150,758	51,589	202,347			30
31	Amortization of Pre-Op. & Org.			2,060	2,060		2,060	224	2,284			31
32	Interest			417,205	417,205		417,205	(69,943)	347,262			32
33	Real Estate Taxes			380,235	380,235		380,235	7,022	387,257			33
34	Rent-Facility & Grounds			1,335,900	1,335,900		1,335,900	(1,335,900)				34
35	Rent-Equipment & Vehicles			42,284	42,284		42,284	(13,180)	29,104			35
36	Other (specify):*											36
37	TOTAL Ownership			2,328,442	2,328,442		2,328,442	(1,360,188)	968,254			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		127,200	84,034	211,234		211,234		211,234			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			133,956	133,956		133,956		133,956			42
43	Other (specify):*			8,644	8,644		8,644	(8,644)				43
44	TOTAL Special Cost Centers		127,200	226,634	353,834		353,834	(8,644)	345,190			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,511,611	1,007,508	5,149,066	9,668,185		9,668,185	(2,058,012)	7,610,173			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Facility Name & ID Number **THE CARLTON AT THE LAKE, INC.**

0025403

Report Period Beginning: **01/01/00**

Ending: **12/31/00**

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(8,172)	30		9
10	Interest and Other Investment Income	(387,382)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(342)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(211)	21		18
19	Entertainment				19
20	Contributions	(38,232)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(48,419)	21		24
25	Fund Raising, Advertising and Promotional	(5,064)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(10,452)	21		26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(168,407)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (666,681)		\$	30

OHF USE ONLY							
48		49		50		51	
						52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,391,331)	various	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,391,331)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (2,058,012)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

ID# 0025403

Report Period Beginning: 01/01/00

Ending: 12/31/00

	Amount	Sch. V Line Reference
NON-ALLOWABLE EXPENSES		
1 Deferred Maintenance	\$	6 1
2 Public Relations	(1,780)	20 2
3 Non Care Auto	(2,605)	30 3
4 Bank Charges	(8,138)	21 4
5 Carlton Associates - Contributions	(2,000)	20 5
6 Carlton Associates - Trust Fees	(250)	21 6
7 Auto Reimbursement - R. Beitz	(5,479)	17 7
8 Auto Reimbursement - J. Rachenbach	(5,875)	17 8
9 Auto Reimbursement - M. Needle	(1,792)	21 9
10 NonAllowable Auto Lease	(15,968)	35 10
11 Management Fees - B. Cohen	(35,000)	17 11
12 Carlton Associates - State Replacement Tax	(12,548)	21 12
13 Jury Duty	(106)	10 13
14 Polling Income	(200)	21 14
15 Carlton Associates - Loan Fees	(763)	31 15
16 Carlton Associates - JLR Management Fees	(50,000)	17 16
17 Carlton Associates - Legal Fee	(4,232)	19 17
18 Capitalized Repairs and Maintenance	(6,165)	6 18
19 Prior Period Legal Bills	(4,835)	19 19
20 Carlton Associates - Accounting Fees	(2,037)	19 20
21 Loss on Sale of Asset	(8,644)	43 21
22		22
23		23
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88		88
89		89
90 Total	(168,407)	90

STATE OF ILLINOIS

Summary A

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.# 0025403 Report Period Beginning:

01/01/00

Ending:

12/31/00

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary			3,692									3,692	1
2	Food Purchase	(342)											(342)	2
3	Housekeeping			12,072									12,072	3
4	Laundry													4
5	Heat and Other Utilities			3,865									3,865	5
6	Maintenance	(6,165)		3,426									(2,739)	6
7	Other (specify):*													7
8	TOTAL General Services	(6,507)		23,055									16,548	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(106)											(106)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(106)											(106)	16
	C. General Administration													
17	Administrative	(96,354)	50,000		18,266	(432,227)							(460,315)	17
18	Directors Fees													18
19	Professional Services	(11,094)	6,269	(287,620)	(39,964)								(332,409)	19
20	Fees, Subscriptions & Promotions	(47,076)	2,000	1,907	766								(42,403)	20
21	Clerical & General Office Expenses	(82,010)	12,798	155,094	5,446	2,145							93,473	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			1,216	30								1,246	24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice			727									727	26
27	Other (specify):*			27,928	3,176	2,955							34,059	27
28	TOTAL General Administration	(236,534)	71,067	(100,748)	(12,280)	(427,127)							(705,622)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(243,147)	71,067	(77,693)	(12,280)	(427,127)							(689,180)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.# 0025403

Report Period Beginning:

01/01/00 Ending:12/31/00

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(10,777)	38,158	24,208									51,589	30
31	Amortization of Pre-Op. & Org.	(763)	763	224									224	31
32	Interest	(387,382)	300,053	17,386									(69,943)	32
33	Real Estate Taxes			7,022									7,022	33
34	Rent-Facility & Grounds		(1,335,900)										(1,335,900)	34
35	Rent-Equipment & Vehicles	(15,968)		2,788									(13,180)	35
36	Other (specify):*													36
37	TOTAL Ownership	(414,890)	(996,926)	51,628									(1,360,188)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(8,644)											(8,644)	43
44	TOTAL Special Cost Centers	(8,644)											(8,644)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(666,681)	(925,859)	(26,065)	(12,280)	(427,127)							(2,058,012)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Carlton Associated Building Partnership		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 1,335,900	Carlton Associates	100.00%	\$	\$ (1,335,900)	1
2	V	32 Interest Income	151,483	Carlton Associates	100.00%		(151,483)	2
3	V	20 Contributions		Carlton Associates	100.00%	2,000	2,000	3
4	V	32 Interest		Carlton Associates	100.00%	451,536	451,536	4
5	V	17 Management Fees - JLR		Carlton Associates	100.00%	50,000	50,000	5
6	V	19 Legal		Carlton Associates	100.00%	4,232	4,232	6
7	V	19 Accounting		Carlton Associates	100.00%	2,037	2,037	7
8	V	21 Trust Fees		Carlton Associates	100.00%	250	250	8
9	V	30 Depreciation		Carlton Associates	100.00%	38,158	38,158	9
10	V	31 Amortization of Loan Costs		Carlton Associates	100.00%	763	763	10
11	V	21 State Replacement Tax		Carlton Associates	100.00%	12,548	12,548	11
12	V							12
13	V							13
14	Total		\$ 1,487,383			\$ 561,524	\$ * (925,859)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	1 Dietary	\$	Itex Company /A.K. Care	100.00%	\$ 3,692	\$	3,692	15
16	V	3 Housekeeping		Itex Company /A.K. Care	100.00%	12,072		12,072	16
17	V	5 Utilities		Itex Company /A.K. Care	100.00%	3,865		3,865	17
18	V	6 Repairs and Maintenance		Itex Company /A.K. Care	100.00%	3,426		3,426	18
19	V	19 Professional Fees		Itex Company /A.K. Care	100.00%	6,380		6,380	19
20	V	20 Fees, Dues, and Subscriptions		Itex Company /A.K. Care	100.00%	1,907		1,907	20
21	V	21 Clerical and General		Itex Company /A.K. Care	100.00%	28,169		28,169	21
22	V	24 Education and Seminars		Itex Company /A.K. Care	100.00%	1,216		1,216	22
23	V	26 Insurance		Itex Company /A.K. Care	100.00%	727		727	23
24	V	27 Employee Benefits		Itex Company /A.K. Care	100.00%	509		509	24
25	V	30 Depreciation		Itex Company /A.K. Care	100.00%	24,208		24,208	25
26	V	31 Amortization		Itex Company /A.K. Care	100.00%	224		224	26
27	V	32 Interest		Itex Company /A.K. Care	100.00%	17,386		17,386	27
28	V	33 Real Estate Taxes		Itex Company /A.K. Care	100.00%	7,022		7,022	28
29	V	35 Equipment Rental		Itex Company /A.K. Care	100.00%	2,788		2,788	29
30	V								30
31	V								31
32	V	21 CLERICAL SALARIES		Itex Company /A.K. Care	100.00%	126,925		126,925	32
33	V	27 GEN ADMIN. - EMP. BEN.		Itex Company /A.K. Care	100.00%	27,419		27,419	33
34	V	0			100.00%				34
35	V	19 HOME OFFICE	294,000	Itex Company /A.K. Care				(294,000)	35
36	V								36
37	V								37
38	V								38
39	Total		\$ 294,000			\$ 267,935	\$ *	(26,065)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)		
		Item	Amount	Name of Related Organization						
15	V	17	Administrative	\$	Carepath Health Network	100.00%	\$ 18,266	\$	18,266	15
16	V	19	Professional Fees		Carepath Health Network	100.00%	442		442	16
17	V	20	Fees, Dues, and Subscriptions		Carepath Health Network	100.00%	766		766	17
18	V	21	Clerical and General		Carepath Health Network	100.00%	5,446		5,446	18
19	V	24	Seminars		Carepath Health Network	100.00%	30		30	19
20	V	27	Employee Benefits		Carepath Health Network	100.00%	3,176		3,176	20
21	V									21
22	V									22
23	V									23
24	V	19	HOME OFFICE	40,406	Carepath Health Network	100.00%			(40,406)	24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total			\$ 40,406			\$ 28,126	\$ *	(12,280)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)		
		Item	Amount	Name of Related Organization						
15	V	17	J. Rajchenbach - Compensation	\$		JLR Management Corp.	100.00%	\$ 67,131	\$ 67,131	15
16	V	21	Office			JLR Management Corp.	100.00%	2,145	2,145	16
17	V	27	Payroll taxes			JLR Management Corp.	100.00%	2,955	2,955	17
18	V									18
19	V									19
20	V									20
21	V	17	Marvin Needle - Consultant Fee			JLR Management Corp.	100.00%	46,296	46,296	21
22	V									22
23	V					JLR Management Corp.	100.00%			23
24	V	17	Mark Berger - Consultant Fee			JLR Management Corp.	100.00%			24
25	V	21	Secretarial							25
26	V									26
27	V									27
28	V									28
29	V	17	Management Fees		545,654	JLR Management Corp.	100.00%		(545,654)	29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total			\$	545,654			\$ 118,527	\$ * (427,127)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization					
15	V		\$				\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$				\$	0 \$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization					
15	V		\$				\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$				\$	0 \$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization					
15	V		\$				\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$				\$	0 \$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization					
15	V		\$				\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$				\$	0 \$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization					
15	V		\$				\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$				\$	0 \$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization					
15	V		\$				\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$				\$	0 \$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number THE CARLTON AT THE LAKE, INC. # 0025403 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Bernard Hollander	Owner	Management	20.00	See Attached	2	3.00	Admin. - Sal	\$ 0	17 - 1	1
2	Jack Rajchenbach	Relative	Management	0.00	See Attached	25	38.46	Admin. - Sal	156,111	17 - 1	2
3								Alloc. - JLR	67,131	17 - 7	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 223,242		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees) FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number THE CARLTON AT THE LAKE, INC. # 0025403 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number (_____) _____
 Fax Number (_____) _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning:

01/01/00

Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Itex Company / A.K. Care
 Street Address 6633 N. Lincoln Ave.
 City / State / Zip Code Lincolnwood, IL. 60712
 Phone Number (847) 679-9141
 Fax Number (847) 679-1820

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	463,722	5	\$ 19,169	\$	89,304	\$ 3,692	1
2	3	Housekeeping	463,722	5	62,684		89,304	12,072	2
3	5	Utilities	463,722	5	20,070		89,304	3,865	3
4	6	Repairs and Maintenance	463,722	5	17,788		89,304	3,426	4
5	19	Professional Fees	463,722	5	33,128		89,304	6,380	5
6	20	Fees, Dues and Subscriptions	463,722	5	9,905		89,304	1,907	6
7	21	Clerical and General	463,722	5	146,272		89,304	28,169	7
8	24	Education & Seminar	463,722	5	6,314		89,304	1,216	8
9	26	Insurance	463,722	5	3,777		89,304	727	9
10	27	Employee Benefits	463,722	5	2,641		89,304	509	10
11	30	Depreciation	463,722	5	125,704		89,304	24,208	11
12	31	Amortization	463,722	5	1,164		89,304	224	12
13	32	Interest	463,722	5	90,279		89,304	17,386	13
14	33	Real Estate Taxes	463,722	5	36,464		89,304	7,022	14
15	35	Equipment Rental	463,722	5	14,476		89,304	2,788	15
16									16
17									17
18	21	CLERICAL SALARIES	DIRECT ALLOCATION	5	735,869	735,869		126,925	18
19	27	GEN ADMIN. - EMP. BEN.	DIRECT ALLOCATION	5	158,969			27,419	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 1,484,673	\$ 735,869		\$ 267,935	25

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning:

01/01/00

Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization CarePath Health Network
 Street Address 6633 N. Lincoln Avenue
 City / State / Zip Code Lincolnwood, IL 60712
 Phone Number (847) 707-6700
 Fax Number (847) 679-2150

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6		
1	17	Administrative	CarePath Fees	608,174	14	\$ 274,940	\$ 273,771	40,406	\$ 18,266	1
2	19	Professional Fees	CarePath Fees	608,174	14	6,646		40,406	442	2
3	20	Fees, Dues and Subscriptions	CarePath Fees	608,174	14	11,535		40,406	766	3
4	21	Clerical and General	CarePath Fees	608,174	14	81,974	63,989	40,406	5,446	4
5	24	Seminars	CarePath Fees	608,174	14	449		40,406	30	5
6	27	Gen. Admin. - Emp. Benefits	CarePath Fees	608,174	14	47,810		40,406	3,176	6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 423,354	\$ 337,760		\$ 28,126	25

Facility Name & ID Number THE CARLTON AT THE LAKE, INC. # 0025403 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization JLR Management Corp.
 Street Address 6633 N. Lincoln Avenue
 City / State / Zip Code Lincolnwood, IL 60712
 Phone Number (847) 679-9141
 Fax Number (847) 679-1820

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	J. Rajchenbach -Comp.	Avg. Hours Worked	61	9	\$ 163,800	\$ 163,800	25	\$ 67,131	1
2	21	Office	Avg. Hours Worked	61	9	5,235		25	2,145	2
3	27	Payroll Taxes	Avg. Hours Worked	61	9	7,210		25	2,955	3
4										4
5										5
6										6
7	17	Marvin Needle - Cons. Fees	Avg. Hours Worked	40	1	46,296		40	46,296	7
8										8
9										9
10	17	Mark Berger - Conf. Fees	Avg. Hours Worked	40	2	15,000				10
11	21	Secretarial	Avg. Hours Worked	40	2	5,000				11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 242,541	\$ 163,800		\$ 118,527	25

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning:

01/01/00

Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning:

01/01/00

Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning:

01/01/00

Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning:

01/01/00

Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning:

01/01/00

Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning:

01/01/00

Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number THE CARLTON AT THE LAKE, INC. # 0025403 Report Period Beginning: 01/01/00 Ending: 12/31/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2	3	4	5	6		7	8	9	10									
						Name of Lender	Related**					Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES								NO	Original				Balance
A. Directly Facility Related																				
Long-Term																				
1	Mid America Elevator		X	Note Payable	\$1,725.06	05/25/95	\$	\$	05/25/00		\$ 108	1								
2	LaSalle Bank		X	Note Payable				3,343,630		0.0877	301,295	2								
3	Shareholders	X		Note Payable				550,000		0.1150	60,415	3								
4	LaSalle Bank		X	Mortgage Payable				1,402,029			451,536	4								
5												5								
Working Capital																				
6	LaSalle Bank		X	Line of Credit				600,000		0.0975	50,364	6								
7	Hill-Rom		X	Note Payable	\$593.25	03/15/00		12,856		0.1000	885	7								
8	Gray-Bar		X	Note Payable	\$3,702.39	10/27/00		150,212		0.0850	3,136	8								
9	TOTAL Facility Related				\$6,020.70		\$	163,068	\$	6,046,362	\$ 867,739	9								
B. Non-Facility Related*																				
10	Supplemental Schedule										(521,479)	10								
11												11								
12	Miscellaneous		X								1,002	12								
13												13								
14	TOTAL Non-Facility Related						\$		\$		(520,477)	14								
15	TOTALS (line 9+line14)						\$	163,068	\$	6,046,362	\$ 347,262	15								

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.

(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.

(See instructions.)

Facility Name & ID Number THE CARLTON AT THE LAKE, INC. # 0025403 Report Period Beginning: 01/01/00 Ending: 12/31/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	11
		YES	NO				Original	Balance				
1	Allocaction - Itex	x					\$	\$			\$ 17,386	1
2												2
3												3
4												4
5												5
6	Carlton Associates			Interest Income							(151,483)	6
7	Carlton at the Lake			Interest Income							(387,382)	7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21							\$	\$			\$ (521,479)	21

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 1999 report.	\$	404,817	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$	389,974	2
3. Under or (over) accrual (line 2 minus line 1).	\$	(14,843)	3
4. Real Estate Tax accrual used for 2000 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	402,100	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$		5
6. Subtract a refund of real estate taxes used previously to calculate a payment rate. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ 28,944 For 19 94 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6	\$	387,257	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	1995	395,737	8
	1996	405,474	9
	1997	378,815	10
	1998	385,540	11
	1999	382,952	12
Accrual = \$382,952*1.05 = \$402,100			
Allocation - Itex = \$7,022			
1994 Real Estate Tax Refund not adjusted out since not used to set rate.			
	FOR OFF USE ONLY		
	13	FROM R. E. TAX STATEMENT FOR 1999 \$	13
	14	PLUS APPEAL COST FROM LINE 5 \$	14
	15	LESS REFUND FROM LINE 6 \$	15
	16	AMOUNT TO USE FOR RATE CALCULATION\$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403 Report Period Beginning:

01/01/00 Ending:

12/31/00

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: _____ B. General Construction Type: Exterior Brick Frame _____ Number of Stories 4

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

1. Total Amount Incurred: 20,597 2. Number of Years Over Which it is Being Amortized: 10
 3. Current Period Amortization: 2,284 4. Dates Incurred: 1995

Nature of Costs: Loan Costs = \$2,060; Allocated from Itex = \$224
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1			1993	\$ 153,000	1
2					2
3	TOTALS			\$ 153,000	3

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning:

01/01/00

Ending:

12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	224		1993	Carlton L.P.	\$ 1,255,206	\$ 32,185	39	\$ 32,185	\$	\$ 237,364	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		1979				20				9
10	Various		1980		105,427		20	3,999	3,999	93,532	10
11	Various		1981		5,718		20			5,718	11
12	Various		1982		2,618		20			2,618	12
13	Various		1983		19,855		20	48	48	19,503	13
14	Various		1984		34,158		20			34,155	14
15	Various		1985		72,850		20	112	112	72,441	15
16	Various		1986		24,885		20	1,251	1,251	18,263	16
17	Various		1988		6,456	205	20	141	(64)	5,359	17
18	Various		1989		61,761	1,961	20	3,223	1,262	36,103	18
19	Various		1990		71,334	2,264	20	3,567	1,303	37,624	19
20	Various		1991		165,717	568	20	8,286	7,718	67,404	20
21	Various		1992		228,201	2,298	20	13,622	11,324	105,851	21
22	Various		1993		40,886	1,536	20	2,990	1,454	23,240	22
23	Various		1994		51,259	1,404	20	3,063	1,659	19,445	23
24											24
25	PAGE I2-I REP TOTALS				379,085	10,626		12,335	1,709	90,556	25
26											26
27											27
28											28
29											29
30											30
31											31
32	PAGE I2D TOTALS				166,110	21,640		4,143	(17,497)	4,143	32
33	PAGE I2C TOTALS				251,067	34,329		12,751	(21,578)	12,961	33
34	PAGE I2B TOTALS				62,927	1,484		3,405	1,921	8,427	34
35	PAGE I2A TOTALS				337,236	20,708		22,694	1,986	91,674	35
36	TOTAL (lines 4 thru 35)				\$ 3,342,756	\$ 131,208		\$ 127,815	\$ (3,393)	\$ 986,381	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning:

01/01/00

Ending:

12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		1995		92,308	2,466	20	4,616	2,150	26,659	9
10	20 NEW DUPLEX		1996		10,800	277	20	540	263	2,430	10
11	EJECTOR PUMP		1996		1,767		20	88	88	433	11
12	PLUMBING		1996		5,750	147	20	288	141	1,416	12
13	METAL DOORS		1996		5,802	149	20	290	141	1,402	13
14	HEATING		1996		7,600	195	20	380	185	1,837	14
15	RESURFACE		1996		8,725	224	20	436	212	1,926	15
16	MASONRY		1996		9,334	239	20	467	228	1,946	16
17	PLUMBING		1996		1,867	48	20	93	45	457	17
18	MASONRY WALL		1996		1,910	49	20	96	47	408	18
19	LANDSCAPE		1996		5,018	352	20	502	150	2,217	19
20	SELF CLOSING HINGES		1997		4,495	115	20	225	110	788	20
21	LAUNDRY CHUTES		1997		4,784	123	20	239	116	876	21
22	DOORS		1997		1,082	28	20	54	26	180	22
23	CEILING TILES		1997		895		20	45	45	135	23
24	FENCE		1997		3,584	276	20	179	(97)	612	24
25	GENERATOR		1997		95,000	11,870	20	9,500	(2,370)	32,458	25
26	ELEVATOR DOOR		1997		2,460	189	20	123	(66)	431	26
27	COOLING TOWER		1997		21,810	559	20	1,091	532	4,000	27
28	WALL SWITCHES		1997		2,155	55	20	108	53	360	28
29	SMOKE DETECTIVE SYS		1997		16,600	2,074	20	1,660	(414)	5,395	29
30	FIRE DAMPERS		1997		4,667	120	20	233	113	718	30
31	CEILING TILES		1997		2,048	53	20	102	49	340	31
32	DRYWALL CEILING		1997		2,344	60	20	117	57	380	32
33	FIRE DAMPERS		1997		1,310		20	66	66	209	33
34	DOORS		1997		14,416	370	20	721	351	2,283	34
35	ELEVATOR DOOR		1997		8,705	670	20	435	(235)	1,378	35
36	TOTAL (lines 4 thru 35)				\$ 337,236	\$ 20,708		\$ 22,694	\$ 1,986	\$ 91,674	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning:

01/01/00

Ending:

12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		FIRE WALLS		1997	15,415	395	20	771	376	2,377	9
10		SPRINKLER SYSTEM		1997	1,615	202	20	162	(40)	540	10
11		FIREPLACE		1997	1,437	37	20	72	35	240	11
12		PHONE INSTALLATION		1998	517		20	26	26	72	12
13		MASONRY REPAIRS		1998	1,375		20	69	69	207	13
14		REPAIR PALLET SYS		1998	697		20	35	35	96	14
15		COOLING TOWER		1998	665		20	33	33	77	15
16		COMPRESSOR-NET		1998	3,512		20	351	351	848	16
17		CEILING TILES		1998	842		20	42	42	95	17
18		7.0 AMP 120 V CIRC.		1998	1,690	43	20	85	42	241	18
19		FIRE DOORS		1998	7,128	183	20	356	173	949	19
20		PLUMBING REPAIRS		1998	1,472		20	74	74	167	20
21		SINK REPAIRS		1998	767		20	38	38	86	21
22		ELEVATOR TANK		1998	2,775	237	20	139	(98)	313	22
23		MOTOR REPLACEMENT		1998	516		20	26	26	78	23
24		FIRE DAMPER		1998	888		20	44	44	128	24
25		CERAMIC TILES		1998	1,254		20	63	63	179	25
26		FIRE DAMPERS		1998	1,005	26	20	50	24	142	26
27		SWINGING DOORS		1998	526		20	26	26	67	27
28		PLUMBING REPAIRS		1998	733		20	37	37	77	28
29		FIRE DOORS		1999	5,110	131	20	256	125	384	29
30		TELESCOPING CHUTE		1999	3,350	86	20	168	82	252	30
31		AIR CLEANER		1999	1,300		20	65	65	125	31
32		EXIT SIGN		1999	1,033		20	52	52	74	32
33		FIRE DOORS		1999	5,604	144	20	280	136	490	33
34		SPRINKLERS		1999	769		20	38	38	60	34
35		SOFFIT		1999	932		20	47	47	63	35
36		TOTAL (lines 4 thru 35)			\$ 62,927	\$ 1,484		\$ 3,405	\$ 1,921	\$ 8,427	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning:

01/01/00

Ending:

12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		CONDENSER		1999	2,063		20	103	103	137	9
10		EXIT SIGNS		1999	781		20	39	39	49	10
11		HOT WATER VALVE		1999	2,165		20	108	108	126	11
12		DRAIN LINE		1999	1,365		20	68	68	79	12
13		CEILING TILES		1999	1,566		20	78	78	111	13
14		PIPE		1999	965		20	48	48	76	14
15		HOT WATER PUMP		2000	825	118	20	83	(35)	83	15
16		WINDOWS - *		2000	3,207	58	20	120	62	120	16
17		WINDOWS - *		2000	9,570	174	20	359	185	359	17
18		AMC ELECTRIC - *		2000	2,935	53	20	110	57	110	18
19		AMC ELECTRIC - *		2000	3,500	71	20	146	75	146	19
20		PUSH BUTTON - NCS		2000	1,768	253	20	15	(238)	15	20
21		FLOURESCENT FIXTURES		2000	2,940	588	20	98	(490)	98	21
22		NURSE STATION - *		2000	132,000	26,400	20	7,700	(18,700)	7,700	22
23		HOT WATER SYSTEM - *		2000	29,850	4,265	20	2,239	(2,026)	2,239	23
24		RAPID PLUMBING AND SEWER - *		2000	1,970		20	8	8	8	24
25		HEAT CIRCULATING PMP		2000	1,125	161	20	113	(48)	113	25
26		ELEVATOR IMPROVEMENT		2000	8,174	409	20	273	(136)	273	26
27		SPRINKLER WORK		2000	1,280		20	37	37	74	27
28		NEW MOTOR		2000	1,610	230	20	148	(82)	148	28
29		EXHAUST FAN		2000	9,950	96	20	208	112	208	29
30		FLOURESCENT FIXTURES		2000	6,370	1,274	20	212	(1,062)	212	30
31		SPRINKLER HEADS		2000	760		20	22	22	44	31
32		165 WALL OUTLETS		2000	16,500	123	20	275	152	275	32
33		EXHAUST FAN		2000	1,513	15	20	32	17	32	33
34		55 NEW TV OUTLETS		2000	5,500	41	20	92	51	92	34
35		SPRINKLER WORK		2000	815		20	17	17	34	35
36		TOTAL (lines 4 thru 35)			\$ 251,067	\$ 34,329		\$ 12,751	\$ (21,578)	\$ 12,961	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		RAPID PLUMBING AND SEWER - *	2000		1,340		20	6	6	6	9
10		120 VOLT CIRCUITS	2000		1,556	18	20	39	21	39	10
11		PIPING INSULATION	2000		5,608	78	20	163	85	163	11
12		DOORS	2000		1,085	15	20	32	17	32	12
13		EXHAUST FAN	2000		4,337	42	20	90	48	90	13
14		NURSE CALL SYSTEM	2000		150,212	21,459	20	3,755	(17,704)	3,755	14
15		DOORS	2000		1,972	28	20	58	30	58	15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36		TOTAL (lines 4 thru 35)			\$ 166,110	\$ 21,640		\$ 4,143	\$ (17,497)	\$ 4,143	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning:

01/01/00

Ending:

12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
9	Improvement Type**										
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				\$	\$		\$	\$	\$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning:

01/01/00

Ending:

12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				\$	\$		\$	\$	\$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
9	Improvement Type**										
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				\$	\$		\$	\$	\$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning:

01/01/00

Ending:

12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
9	Improvement Type**										
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				\$	\$		\$	\$	\$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
9	Improvement Type**										
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				\$	\$		\$	\$	\$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
9	Improvement Type**										
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				\$	\$		\$	\$	\$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning:

01/01/00

Ending:

12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4			1993	Alloc. Itex	\$ 308,910	\$ 7,921	39	\$ 8,826	\$ 905	\$ 66,930	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Allocation - Itex		1993		38,870	1,363	20	1,944	581	14,976	9
10	Allocation - Itex		1994		20,878	860	20	1,044	184	6,557	10
11	Allocation - Itex		1995		3,558	294	20	178	(116)	925	11
12	Allocation - Itex		1996		201	17	20	10	(7)	51	12
13	Allocation - Itex		1997		6,002	154	20	300	146	1,050	13
14	Allocation - Itex		1999		666	17	20	33	16	67	14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				\$ 379,085	\$ 10,626		\$ 12,335	\$ 1,709	\$ 90,556	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning:

01/01/00

Ending:

12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
9	Improvement Type**										
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
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21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				\$	\$		\$	\$	\$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE CARLTON AT THE LAKE, INC. # 0025403 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
37	Purchased in Prior Years	\$ 648,230	\$ 35,705	\$ 58,511	\$ 22,806		\$ 460,305	37
38	Current Year Purchases	207,326	41,363	11,285	(30,078)		11,285	38
39	Fully Depreciated Assets	394,203	1,299	2,237	938		394,203	39
40								40
41	TOTALS	\$ 1,249,759	\$ 78,367	\$ 72,033	\$ (6,334)		\$ 865,793	41

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
42	Facility	Van	1989	\$ 17,834	\$	\$	\$	10	\$ 17,834	42
43	Facility	97 Cadillac	1996	25,000	945	2,500	1,555	10		43
44										44
45										45
46	TOTALS			\$ 42,834	\$ 945	\$ 2,500	\$ 1,555		\$ 17,834	46

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
47	Total Historical Cost (line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	\$ 4,788,349	47
48	Current Book Depreciation (line 36,col.5 + line 41,col.2 + line 46,col.5)	\$ 210,520	48
49	Straight Line Depreciation (line 36,col.7 + line 41,col.3 + line 46,col.6)	\$ 202,348	49
50	Adjustments (line 36,col.8 + line 41,col.4 + line 46,col.7)	\$ (8,172)	50
51	Accumulated Depreciation (line 36,col.9 + line 41,col.6 + line 46,col.9)	\$ 1,870,008	51

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
52	96 Cadillac	\$ 39,613	\$ 1,775	\$ 14,460	52
53	Excess Cost '97 Cadillac	21,953	830	6,427	53
54					54
55					55
56					56
57	TOTALS	\$ 61,566	\$ 2,605	\$ 20,887	57

G. Construction-in-Progress

	Description	Cost	
58			58
59			59
60			60
61			61

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

THE CARLTON AT THE LAKE, INC.
0025403
RELATED COMPANY MOVABLE EQUIPMENT SCHEDULE
12/31/00

COMPANY NAME	COST	CURRENT BOOK (FED) DEPRECIATION	STRAIGHT LINE DEPRECIATION	ADJUSTMENTS	ACCUMULATED S/L DEPRECIATION
LINE 28: PRIOR YEARS					
Carlton at the Lake	421,575	16,979	42,116	25,137	287,382
Carlton Associates	122,000	5,973	5,973		122,000
Itex - A.K. Care	104,655	12,753	10,422	(2,331)	50,923
TOTALS	648,230	35,705	58,511	22,806	460,305

LINE 29: CURRENT YEAR

Carlton at the Lake	203,177	40,533	10,878	(29,655)	10,878
Carlton Associates					
Itex - A.K. Care	4,149	830	407	(423)	407
TOTALS	207,326	41,363	11,285	(30,078)	11,285

LINE 30: FULLY DEPRECIATED

Carlton at the Lake	388,026	1,299	2,237	938	388,026
Carlton Associates					
Itex - A.K. Care	6,177				6,177
TOTALS	394,203	1,299	2,237	938	394,203

TOTALS (Should Tie to Totals on Page 13)

Carlton at the Lake	1,012,778	58,811	55,231	(3,580)	686,286
Carlton Associates	122,000	5,973	5,973		122,000
Itex - A.K. Care	114,981	13,583	10,829	(2,754)	57,507
TOTALS	1,249,759	78,367	72,033	(6,334)	865,793

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning:

01/01/00

Ending: 12/31/00

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

**

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 29,104 Description: Postage Meter = \$2,435; Copier = \$23,605; Oxygen Concentrator = \$276; Allocated from ITEX = \$2,788

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility	Lincoln	\$ 550.00	\$ 6,500	17
18	Facility	Cadillac	789.00	9,468	18
19	Page 5 Adjustment			(15,968)	19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. _____/2001 \$ _____

13. _____/2002 \$ _____

14. _____/2003 \$ _____

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

<p>1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

	Facility			
	1	2	3	4
	Drop-outs	Completed	Contract	Total
1 Community College Tuition	\$	\$	\$	\$
2 Books and Supplies				
3 Classroom Wages (a)				
4 Clinical Wages (b)				
5 In-House Trainer Wages (c)				
6 Transportation				
7 Contractual Payments				
8 Nurse Aide Competency Tests				
9 TOTALS	\$	\$	\$	\$
10 SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

1	Service	Schedule V Line & Column Reference	2 Staff		4	5 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost		Units	Cost				
1	Licensed Occupational Therapist	39 - 3	hrs	\$		\$ 36,579	\$		\$	36,579	1
2	Licensed Speech and Language Development Therapist	39 - 3	hrs			4,225				4,225	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	39 - 3	hrs			43,230				43,230	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy	39 - 2	# of prescripts					72,651		72,651	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Exceptional Care Program										12
13	Other (specify): SCHEDULE**							54,549		54,549	13
14	TOTAL			\$		\$ 84,034	\$	127,200	\$	211,234	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SUPPLEMENTAL SCHEDULE OF MEDICAL SUPPLIES

<u>Special Services - Supplies (Column 6 - Other)</u>	<u>Amount</u>
1 Medical Supplies	31,443
2 Complex Medical Equip	
3 Oxygen	4,088
4 Equipment Rental	5,230
5 Lab / Xray	4,050
6 Patient Transportation	150
7 Air Floatation Mattress	9,588
8	
9	
10	
	<u>54,549</u>
<u>Outside Therapies (Column 5 - Other)</u>	<u>Amount</u>
1 Respiratory Therapy	
2	
3	
4	
5	
6	
7	
8	
9	
10	
	<u> </u>
	<u> </u>

This report must be completed even if financial statements are attached.

	1	2	
	Operating	After Consolidation*	
A. Current Assets			
1 Cash on Hand and in Banks	\$ 300	\$ 1,551,388	1
2 Cash-Patient Deposits	137,869	137,869	2
3 Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,604,644	1,604,644	3
4 Supply Inventory (priced at)			4
5 Short-Term Investments			5
6 Prepaid Insurance	123,107	123,107	6
7 Other Prepaid Expenses	13,987	13,987	7
8 Accounts Receivable (owners or related parties)	2,089,890	5,867,453	8
9 Other(specify): See supplemental schedule	3,822,489	(0)	9
TOTAL Current Assets (sum of lines 1 thru 9)	\$ 7,792,286	\$ 9,298,448	10
B. Long-Term Assets			
11 Long-Term Notes Receivable			11
12 Long-Term Investments			12
13 Land		153,000	13
14 Buildings, at Historical Cost		1,255,206	14
15 Leasehold Improvements, at Historical Cos	843,441	843,441	15
16 Equipment, at Historical Cost	1,625,256	1,747,256	16
17 Accumulated Depreciation (book methods)	(1,456,924)	(1,816,288)	17
18 Deferred Charges			18
19 Organization & Pre-Operating Costs	20,596	28,221	19
20 Accumulated Amortization - Organization & Pre-Operating Costs	(10,470)	(14,473)	20
21 Restricted Funds			21
22 Other Long-Term Assets (specify):			22
23 Other(specify): See supplemental schedule	456,365	456,365	23
TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,478,264	\$ 2,652,728	24
TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,270,550	\$ 11,951,176	25

	1	2	
	Operating	After Consolidation*	
C. Current Liabilities			
26 Accounts Payable	\$ 988,747	\$ 988,747	26
27 Officer's Accounts Payable			27
28 Accounts Payable-Patient Deposits	142,711	142,711	28
29 Short-Term Notes Payable	1,150,000	1,150,000	29
30 Accrued Salaries Payable	181,016	181,016	30
31 Accrued Taxes Payable (excluding real estate taxes)	15,929	15,929	31
32 Accrued Real Estate Taxes(Sch.IX-B)	402,100	402,100	32
33 Accrued Interest Payable			33
34 Deferred Compensation			34
35 Federal and State Income Taxes			35
Other Current Liabilities(specify):			
36 See supplemental schedule	184,237	184,237	36
37			37
TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,064,740	\$ 3,064,740	38
D. Long-Term Liabilities			
39 Long-Term Notes Payable	3,494,334	3,494,334	39
40 Mortgage Payable		1,402,029	40
41 Bonds Payable			41
42 Deferred Compensation			42
Other Long-Term Liabilities(specify):			
43 See supplemental schedule			43
44			44
TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,494,334	\$ 4,896,363	45
TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,559,074	\$ 7,961,103	46
47 TOTAL EQUITY (page 18, line 24)	\$ 2,711,476	\$ #REF!	47
48 TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 9,270,550	\$ #REF!	48

*(See instructions.)

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning: 01/01/00

Ending:

12/31/00

SUPPLEMENTAL SCHEDULE OF OTHER ASSETS & LIABILITIES

As of 12/31/00

OTHER CURRENT ASSETS:	<u>Amount</u>	<u>Amount</u>	OTHER CURRENT LIABILITIES:	<u>Amount</u>	<u>Amount</u>
Intercompany	3,822,489		Accrued Expenses	68,438	68,438
			Accrued State Replacement Tax	10,452	10,452
			Accrued Interest	230	230
			Due to Others	10,779	10,779
			Insurance Exchange	94,204	94,204
			Union Dues	134	134
	<u>3,822,489</u>			<u>184,237</u>	<u>184,237</u>
OTHER NON CURRENT ASSETS:			OTHER NON CURRENT LIABILITIES:		
Life Insurance - CSV	455,565	455,565			
Security Deposit	800	800			
	<u>456,365</u>	<u>456,365</u>			

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,557,291	1
2	Restatements (describe):		2
3	PY State Replacement Tax	(11,349)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,545,942	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	665,534	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(500,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 165,534	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,711,476	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number THE CARLTON AT THE LAKE, INC. # 0025403 Report Period Beginning: 01/01/00 Ending: 12/31/00

Balance per General Ledger 2,545,942

Adjustments:

-

-

-

State Replacement Tax 11,349

Total adjustments 11,349

Balance - Beginning of Year 2,557,291

Equity(Deficit) from Page 17 Col 1 2,711,476

Related Party
Equity(Deficit) 1278596.94
Income 0

1,278,597

Combined Equity - End of Year 3,990,073

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1

Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 9,505,248	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,505,248	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	193,986	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 193,986	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radic		15
16	Rental of Facility Space		16
17	Sale of Drugs	66,157	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	84,294	19
20	Radiology and X-Ray	3,950	20
21	Other Medical Services	114,514	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 268,915	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	387,382	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 387,382	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See supplemental schedule	(21,812)	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ (21,812)	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,333,719	30

2

Expenses		Amount	
A. Operating Expenses			
31	General Services	1,662,254	31
32	Health Care	2,684,140	32
33	General Administration	2,639,515	33
B. Capital Expense			
34	Ownership	2,328,442	34
C. Ancillary Expense			
35	Special Cost Centers	219,878	35
36	Provider Participation Fee	133,956	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,668,185	40
41	Income before Income Taxes (line 30 minus line 40)**	665,534	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 665,534	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? [See Attached](#) If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

SUPPLEMENTAL SCHEDULE OF REVENUES
12/31/00

DESCRIPTION	AMOUNT
1 Vending Commissions	
2 Telephone Commissions	593
3 Auto Reimbursement (Adjusted Out Page 5)	13,146
4 Parking Fees	1,050
5 Jury Duty Income (Adjusted Out Page 5)	106
6 City of Chicago Polling (Adjusted Out Page 5)	200
7 Officers Life Insurance Credit	14,088
8 1994 Real Estate Tax Refund	28,944
9 Medicare Cost Report Settlements	(79,939)
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
TOTALS	<u>(21,812)</u>

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,915	2,091	\$ 74,823	\$ 35.78	1
2	Assistant Director of Nursing					2
3	Registered Nurses	56,939	42,748	833,630	19.50	3
4	Licensed Practical Nurses	25,739	27,308	394,682	14.45	4
5	Nurse Aides & Orderlies	84,745	88,857	854,898	9.62	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	18,356	19,825	162,971	8.22	8
9	Activity Director					9
10	Activity Assistants	9,285	9,718	73,875	7.60	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	2,069	2,237	35,929	16.06	14
15	Cook Helpers/Assistants	33,918	35,560	233,912	6.58	15
16	Dishwashers					16
17	Maintenance Workers	5,609	5,970	72,904	12.21	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,091	2,091	230,312	110.14	20
21	Assistant Administrator					21
22	Other Administrative	2,077	2,197	182,927	83.26	22
23	Office Manager					23
24	Clerical	34,305	38,553	360,748	9.36	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)	0	0	0		33
34	TOTAL (lines 1 - 33)	277,048	277,155	\$ 3,511,611 *	\$ 12.67	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly \$ 11,963	1-3	35
36	Medical Director	Monthly 8,300	9-3	36
37	Medical Records Consultant	Monthly 4,930	10-3	37
38	Nurse Consultant	111 5,545	10-3	38
39	Pharmacist Consultant	Monthly 1,200	10-3	39
40	Physical Therapy Consultant	240 12,614	10A-3	40
41	Occupational Therapy Consultant	383 20,094	10A-3	41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	228 11,957	11-3	44
45	Social Service Consultant	161 8,426	12-3	45
46	Other(specify)			46
47	Utilization Review	Monthly 3,000	10-3	47
48				48
49	TOTAL (lines 35 - 48)	1,122 \$ 88,030		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$		50
51	Licensed Practical Nurses			51
52	Nurse Aides			52
53	TOTAL (lines 50 - 52)	\$		53

SUPPLEMENTAL SCHEDULE OF STAFFING AND SALARY COSTS

B. CONSULTANT SERVICES

<u># of Hrs. Actually Worked</u>	<u># of Hrs. Paid and Accrued</u>	<u>Reporting Period Total Salaries, Wages</u>	<u>Average Hourly Wage</u>
		\$	\$
<u>0</u>	<u>0</u>	\$ <u>0</u>	\$ <u>#DIV/0!</u>

Facility Name & ID Number THE CARLTON AT THE LAKE, INC.

0025403

Report Period Beginning: 01/01/00

Ending: 12/31/00

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. ICLTC - \$8,202
- (3) Did the nursing home make political contributions or payments to a political organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 26,561 Line 10 - 2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? YES _____ NO X
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 133,956
This amount is to be recorded on line 42 of Schedule V
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$ 56,657 Has any meal income been offset against related costs? N/A Indicate the amount. \$ _____
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
 - c. What percent of all travel expense relates to transportation of nurses and patients? 0
 - d. Have vehicle usage logs been maintained? N/A
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
 - g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? _____ If no, please explain. _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

Date: 07/17/2000

To: Administrator/Cost Report Preparer

From: Office of Health Finance

Re: 2000 Long Term Care Cost Report and Instructions on Diskette
Information Regarding the Lotus 5.0 and Excel 97 Versions of the Cost Report

Enclosed you will find a copy of the 2000 cost report and instructions on diskette. For 1999, the majority of nursing homes used the diskette to prepare their cost report. We would appreciate it if you could complete your 2000 cost report using this diskette.

If you choose not to use the diskette, you may print the 2000 cost report form and manually complete the report. If you do not have the ability to print the cost report form and instructions, please contact our office at 217/782-1630 to request a paper copy to be mailed to you.

As is stated on page 1 of the cost report instructions, this report should cover the facility's fiscal year ending in 2000. It is due on September 30, 2000, or ninety days after the close of the facility's fiscal year, **whichever comes later**. Please refer to the instructions for the remainder of the filing requirements.

There are two 2000 cost report files on the disk you have received. One file has been created for use with Lotus 5.0 for Windows. The other file has been created for use with Excel 97. A copy of the 2000 cost report instructions has been included on the diskette also. The name of the file is Instr00. It has been created for use with Word Perfect 6.1. Please use this 2000 diskette. **Printed copies of the report from the 1999 cost report diskette or earlier diskettes will NOT be accepted.**

Each page is on a separate worksheet. The file has been sealed. The cells where data is to be entered have been unprotected. Do not change the cost report form. We must have every form the same. Any changes made to the cost report form will cause us to consider the filed cost report incomplete until the form is correctly filed. Complete page one first. The facility name, IDPH ID# and the report period dates have been linked to each page. (Be sure to enter the IDPH licensed name of the facility.) **When entering data on pages 3 and 4, do not include decimals. Please round to whole numbers. When entering the years on page 1, do not enter various or other text in columns 2 or 3.**

Print macros have been written that will print each individual page or the entire report.

WARNING: Do NOT use drag & drop, cut or move commands. These commands may ruin the file and/or formulas. Then you will have to close the file and start from the last time you saved it.

As you know, save your work frequently to prevent losses of large amounts of information.

The cost report must be printed on 8 1/2 by 14 size white paper with an 8 1/2 by 14 image on the paper. To ensure an 8 1/2 by 14 size image, check the paper size in the Printer Setup. When printing the cost report, be sure the "Selected Range" is checked. If "Current Worksheet" or "Worksheets" are selected, the printed report will be smaller than it should be. These three selections appear in the Print dialog box. **Please do not reduce the image to 8 1/2 by 11. We cannot accept a report with an 8 1/2 by 11 image.** After printing the cost report, please review the copy for accuracy and completeness before mailing it to The Office of Health Finance. **Please send in the completed diskette with your paper copy, (being sure to make a copy of the diskette for your records).** Also, please make sure both the completed diskette and the paper copy agree prior to sending to our office.

Notes Applicable only to Lotus users

The entire cost report is in one file named Report00.wk4. A print preview button has been added to the bottom of each page. You may want to preview each page to ensure there are no problems before you print the entire cost report. To preview a page, click this button, then click File-Preview as normal. Also, macros have been written that will allow you to change the column width or row height of a cell or range of cells. **Only use these commands on the extra pages (24 through 33).** The print menu or the other macros menu will appear on the menu bar after you click the macro button. A macro that allows you to "Freeze Both Titles" has been added also. This will be helpful for data entry. **When saving the file in Lotus, please save it as a "WK4" file type instead of a "123" file type. To do this, click File-Save As, and then ensure the file type is "WK4".**

To copy worksheets that you have created into the blank pages at the end of the report, use File-Combine. This will bring in the styles you used in your worksheet (except for the column width and the row height). This does not work if you are using Lotus 97. Extra sheets for pages 6, 8 and 12 have been included in the file. Click the macro buttons on these pages to make them available.

Notes Applicable only to Excel users

The entire cost report is in one file named Report00.xls. In an Excel 97 file that has been sealed you can press the Tab key to go to the next unprotected cell. By pressing Shift-Tab, you can go to the previous unprotected cell. Extra sheets for pages 6, 8 and 12 have been included in the file. Click Format-Sheet-Unhide to see the sheets available. Also there are some blank unprotected sheets after "Page 23".

If you have any questions concerning the diskette, please call Randy Hulskotter at (217) 782-1630.

RH/rw